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## BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 41

## 1. PLACE OF DEATH

County Cochise State \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 District or Township Douglas or Village \_\_\_\_\_  
 City Douglas No. Cemetery Hospital Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

## 2. FULL NAME

Wesley Columbus Ellis  
 (a) Residence, No. 1008-19th Douglas St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Widowed  
 (Write the word)

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year)

7. AGE Years 75 Months \_\_\_\_\_ Days \_\_\_\_\_ IF LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER Wesley Ellis11. BIRTHPLACE OF FATHER Not known (city or town)

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER \_\_\_\_\_ (city or town)

14. Informant W. A. Middel (Address) 1008-19th St Douglas15. Filed 11/20/29 Glenn Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 20 1929  
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 10-30, 1928 to 11-20, 1929.  
 that I last saw him alive on 11-20, 1929.

that death occurred, on the date stated above, at 10-30 a.m.  
 The CAUSE OF DEATH\* was as follows:

Chronic Nephritis

CONTRIBUTORY Myocardia (Smile)  
 (Secondary) (duration) yrs. mos. da.

type (duration) yrs. mos. da.

18. Where was disease contracted? #  
 If not at place of death? NoDid an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) C. W. Adamson, M. D.Nov. 21 1929 (Address) Douglas

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Douglas Aug20. UNDERTAKER Arthur ThomasDouglas

DATE OF BURIAL

11-20-29

ADDRESS

MARGIN RESERVED FOR BINDING. Every item of information should be carefully written in PLAIN, UNFADING INK. THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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